

**DANBURY HOSPITAL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2015**  
**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
**AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>A. AFFILIATE NAME</b>		
		<b>WESTERN CONNECTICUT HEALTH NETWORK , INC.</b>
1	Affiliate Description	PARENT CORP. MANAGING EMPLOYEE BENEFIT PLANS,PLANNING,POLICIES
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Ave
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	Chief Executive Officer
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western CT Health Network
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
<b>B. AFFILIATE NAME</b>		
		<b>ADVANCED CENTER FOR REHABILITATION MEDICINE</b>
1	Affiliate Description	FOR THE PURPOSE OF PROVIDING REHABILITATION SERVICES
2	Affiliate type of service	Rehabilitation Services
3	Tax Status	Not for Profit
4	Street Address	34 MAPLE ST
5	Town	NORWALK
6	State	Connecticut
7	Zip Code	06856 -
8	CEO Name	Daniel DeBarba
9	CEO Title	CEO
10	CT Agent Name	Daniel DeBarba
11	CT Agent Company	Norwalk Hospital Association
12	CT Agent Company Street Address	34 Maple St
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
<b>C. AFFILIATE NAME</b>		
		<b>BUSINESS SYSTEMS, INC.</b>
1	Affiliate Description	PROVIDES PROPERTY MANAGEMENT, RETAIL PHARMACY SERVICES
2	Affiliate type of service	Pharmacy
3	Tax Status	For Profit
4	Street Address	24 Hospital Ave
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy , MD
9	CEO Title	Chief Executive Officer
10	CT Agent Name	R&C Service Company
11	CT Agent Company	Robinson & Cole , LLP
12	CT Agent Company Street Address	280 Trumbull St
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>D. AFFILIATE NAME EASTERN NEW YORK MEDICAL SERVICES, P.C.</b>		
1	Affiliate Description	Physicians Office, provides medical services to patients
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	3423 Danbury Rd
5	Town	Brewster
6	State	New York
7	Zip Code	10509 -
8	CEO Name	Patrick Broderick, MD
9	CEO Title	President
10	CT Agent Name	Patrick Broderick, MD
11	CT Agent Company	Eastern New York Medical Services , P.C.
12	CT Agent Company Street Address	14 Research Dr, Suite 201A
13	CT Agent Town	Bethel
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06801 -
<b>E. AFFILIATE NAME MAPLE STREET INDEMNITY COMPANY, LTD</b>		
1	Affiliate Description	CAPTIVE INSURANCE COMPANY , DOMICILED IN BERMUDA TO INSURE PROFESSIONAL LIABILITY EXPOSURE OF HOSPITAL AND ATTENDING PHYSICIANS
2	Affiliate type of service	Insurance
3	Tax Status	Not for Profit
4	Street Address	34 MAPLE ST
5	Town	NORWALK
6	State	Connecticut
7	Zip Code	06856 -
8	CEO Name	Daniel DeBarba
9	CEO Title	CEO
10	CT Agent Name	Daniel DeBarba
11	CT Agent Company	Norwalk Hospital Association
12	CT Agent Company Street Address	34 Maple St.
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
<b>F. AFFILIATE NAME NEW MILFORD HOSPITAL, INC.</b>		
1	Affiliate Description	SHORT TERM ACUTE HOSPITAL PROVIDING INPATIENT AND OUTPATIENT SERVICES
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	21 ELM STREET
5	Town	NEW MILFORD
6	State	Connecticut
7	Zip Code	06776 -
8	CEO Name	John Murphy, MD
9	CEO Title	Chief Exective Officer
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western Ct Health Network
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>G. AFFILIATE NAME NEW MILFORD HOSPITAL,INC</b>		
1	Affiliate Description	SHORT TERM ACUTE CARE HOSPITAL PROVIDING INPATIENT AND OUTPATIENT SERVICES
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	21 ELM STREET
5	Town	NEW MILFORD
6	State	Connecticut
7	Zip Code	06776 -
8	CEO Name	John Murphy, MD
9	CEO Title	Chief Executive Officer
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western Ct Health Network
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
<b>H. AFFILIATE NAME NEW MILFORD MRI ,LLC</b>		
1	Affiliate Description	Provides MRI Services
2	Affiliate type of service	Imaging Services
3	Tax Status	Not for Profit
4	Street Address	21 Elm Street
5	Town	New Milford
6	State	Connecticut
7	Zip Code	06776 -
8	CEO Name	John Murphy, MD
9	CEO Title	Chief Executive Officer
10	CT Agent Name	R&C Service Company
11	CT Agent Company	Robinson & Cole, LLP
12	CT Agent Company Street Address	280 Trumbull St
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
<b>I. AFFILIATE NAME NORWALK HEALTH CARE, INC</b>		
1	Affiliate Description	For the purpose of providing long term care
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	34 Midrocks Rd
5	Town	Norwalk
6	State	Connecticut
7	Zip Code	06851 -
8	CEO Name	Daniel DeBarba
9	CEO Title	CEO
10	CT Agent Name	Daniel DeBarba
11	CT Agent Company	Norwalk Hospital Association
12	CT Agent Company Street Address	34 Maple St
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>J. AFFILIATE NAME NORWALK HOSPITAL ASSOCIATION</b>		
1	Affiliate Description	Short Term Acute Care Hospital providing Inpatient and Outpatient Services
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	34 Maple St
5	Town	Norwalk
6	State	Connecticut
7	Zip Code	06856 -
8	CEO Name	Daniel DeBarba
9	CEO Title	CEO
10	CT Agent Name	Daniel DeBarba
11	CT Agent Company	Norwalk Hospital Association
12	CT Agent Company Street Address	34 Maple St
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
<b>K. AFFILIATE NAME NORWALK HOSPITAL FOUNDATION, INC</b>		
1	Affiliate Description	Provides fund raising for the parent corporation and affiliates
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	34 Maple St
5	Town	Norwalk
6	State	Connecticut
7	Zip Code	06856 -
8	CEO Name	Daniel DeBarba
9	CEO Title	CEO
10	CT Agent Name	Daniel DeBarba
11	CT Agent Company	Norwalk Hospital Association
12	CT Agent Company Street Address	34 Maple St.
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
<b>L. AFFILIATE NAME NORWALK SURGERY CENTER, LLC</b>		
1	Affiliate Description	AMBULATORY SURGERY CENTER JOINT VENTURE
2	Affiliate type of service	Ambulatory/OP Surgery Center
3	Tax Status	For Profit
4	Street Address	40 CROSS ST
5	Town	NORWALK
6	State	Connecticut
7	Zip Code	06851 -
8	CEO Name	Daniel DeBarba
9	CEO Title	CEO
10	CT Agent Name	Daniel DeBarba
11	CT Agent Company	Norwalk Hospital Association
12	CT Agent Company Street Address	34 Maple St
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>M.</b>		
<b>AFFILIATE NAME</b>		<b>SWC CORPORATION</b>
1	Affiliate Description	For the purpose of providing pharmaceutical needs/equity transfer of NRMC Joint Venture
2	Affiliate type of service	Pharmacy
3	Tax Status	For Profit
4	Street Address	24 Stevens St
5	Town	Norwalk
6	State	Connecticut
7	Zip Code	06856 -
8	CEO Name	Daniel DeBarba
9	CEO Title	CEO
10	CT Agent Name	Daniel DeBarba
11	CT Agent Company	Norwalk Hospital Association
12	CT Agent Company Street Address	34 Maple St
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
<b>N.</b>		
<b>AFFILIATE NAME</b>		<b>WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.</b>
1	Affiliate Description	PROVIDES SUPPORT FOR EMPLOYEE AND CORPORATE HEALTH MANAGEMENT, Danbury Diagnostic Imaging,Ridgefield Diagnostic Imaging and EMT and Ambulance Services
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit
4	Street Address	95 Locust Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	Chief Executive Officer
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western Connecticut Health Network, Inc.
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
<b>O.</b>		
<b>AFFILIATE NAME</b>		<b>WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.</b>
1	Affiliate Description	PROVIDES SUPPORT SERVICES TO CORP. ACTIVITIES THROUGH CHARITABLE CONTRIBUTION DISTRIBUTION AND FUND RAISING.
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	Chief Executive Officer
10	CT Agent Name	R&C Service Company
11	CT Agent Company	Robinson & Cole, LLP
12	CT Agent Company Street Address	280 Trumbull St
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>P.</b>		
	<b>AFFILIATE NAME</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.</b>
1	Affiliate Description	A CAPTIVE INSURANCE COMPANY DOMICILED IN THE CAYMAN ISLANDS TO PROVIDE ALTERNATIVE PROFESSIONAL LIABILITY INSURANCE.
2	Affiliate type of service	Insurance
3	Tax Status	For Profit
4	Street Address	23 Lime Tree Bay Avenue
5	Town	Grand Cayman
6	State	Cayman Islands
7	Zip Code	11102 -
8	CEO Name	John Murphy, MD
9	CEO Title	Chief Executive Officer
10	CT Agent Name	Julie Robertson
11	CT Agent Company	Honigman, Miller, Schwarta & Cohn, LLP
12	CT Agent Company Street Address	660 Woodward Avenue
13	CT Agent Town	Detroit
14	CT Agent State	Michigan
15	CT Agent Zip Code	48226 -
<b>Q.</b>		
	<b>AFFILIATE NAME</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC</b>
1	Affiliate Description	A company to manage investment services, pooling long term investments of WCHN.
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Ave
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	Chief Executive Officer
10	CT Agent Name	C T Corporation System
11	CT Agent Company	CT Corporation System
12	CT Agent Company Street Address	One Corporate Center
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
<b>A . DANBURY HOSPITAL</b>			
1		Unrestricted	\$406,110,000
2		Temporarily Restricted by Donor	\$36,051,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$34,575,000
5		Intercompany Eliminations	(\$53,694,000)
		<b>Total:</b>	<b>\$423,042,000</b>
<b>B . WESTERN CONNECTICUT HEALTH NETWORK , INC.</b>			
1		Unrestricted	\$172,771,000
2		Temporarily Restricted by Donor	\$39,887,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,462,000
5		Intercompany Eliminations	(\$438,629,000)
		<b>Total:</b>	<b>(\$216,509,000)</b>
<b>C . EASTERN NEW YORK MEDICAL SERVICES, P.C.</b>			
1		Unrestricted	(\$657,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$657,000)</b>
<b>D . NEW MILFORD MRI ,LLC</b>			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
<b>E . NORWALK HEALTH CARE, INC</b>			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
<b>F . NORWALK HOSPITAL ASSOCIATION</b>			
1		Unrestricted	\$280,584,000
2		Temporarily Restricted by Donor	\$59,661,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,468,000
5		Intercompany Eliminations	(\$102,160,000)
		<b>Total:</b>	<b>\$247,553,000</b>
<b>G . NORWALK HOSPITAL FOUNDATION, INC</b>			
1		Unrestricted	\$36,748,000
2		Temporarily Restricted by Donor	\$52,266,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,468,000
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$98,482,000</b>

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
<b>H .</b>	<b>NORWALK SURGERY CENTER, LLC</b>		
1		Unrestricted	\$5,586,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$5,586,000</b>
<b>I .</b>	<b>SWC CORPORATION</b>		
1		Unrestricted	\$1,320,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$1,320,000</b>
<b>J .</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC.</b>		
1		Unrestricted	\$4,865,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$4,865,000</b>
<b>K .</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.</b>		
1		Unrestricted	\$22,557,000
2		Temporarily Restricted by Donor	\$39,625,000
3		Temporarily Restricted by Board	\$8,441,000
4		Permanently Restricted by Donor	\$34,575,000
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$105,198,000</b>
<b>L .</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.</b>		
1		Unrestricted	\$53,694,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$53,694,000</b>
<b>M .</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC</b>		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
<b>N .</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK JOINT &amp; SPINE, LLC</b>		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
	<b>O . WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION ACO, INC</b>		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
	<b>P . WESTERN CONNECTICUT HOME CARE, INC</b>		
1		Unrestricted	\$2,029,000
2		Temporarily Restricted by Donor	\$40,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$2,069,000</b>
	<b>Q . WESTERN CONNECTICUT MEDICAL GROUP INC.</b>		
1		Unrestricted	\$30,647,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$30,647,000</b>
	<b>R . WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC</b>		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
	<b>Total of all Affiliates (before Intercompany Eliminations)</b>	<b>Fund Balance:</b>	<b>\$1,349,773,000</b>
	<b>Intercompany Eliminations</b>		<b>(\$594,483,000)</b>
	<b>Total of all Affiliates</b>	<b>Fund Balance:</b>	<b>\$755,290,000</b>

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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
<b>A.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK , INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$145,000</b>
1		Employee Benefits	09/30/2015	\$3,475,000
2		MANAGEMENT CONSULTING JOINT AND SPINE	09/30/2015	\$278,000
3		Cash & Net Equity Writeoff	09/30/2015	(\$5,202,000)
4		Accounts Payable	09/30/2015	\$1,294,000
5		Salary & Wages	09/30/2015	\$15,000
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$5,000</b>
<b>B.</b>	<b>EASTERN NEW YORK MEDICAL SERVICES, P.C.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>(\$178,000)</b>
1		Accounts Payable	09/30/2015	\$39,000
2		Employee Benefits	09/30/2015	\$135,000
3		System Support	09/30/2015	(\$3,000)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>(\$7,000)</b>
<b>C.</b>	<b>NEW MILFORD HOSPITAL, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>D.</b>	<b>NEW MILFORD MRI ,LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>E.</b>	<b>NORWALK HEALTH CARE, INC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>F.</b>	<b>NORWALK HOSPITAL ASSOCIATION</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$558,000</b>
1		ACCOUUNTS PAYABLE/OTHER EXPENSES	09/30/2015	\$14,963,000
2		VHA REBATE/EXPENSE	09/30/2015	(\$110,000)
3		Employee Benefits	09/30/2015	\$3,147,000
4		Payroll Transfers	09/30/2015	\$9,321,000
5		cash	09/30/2015	(\$22,708,000)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$5,171,000</b>
<b>G.</b>	<b>NORWALK HOSPITAL FOUNDATION, INC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$18,000</b>
1		cash	09/30/2015	(\$18,000)
2		Accounts Payable	09/30/2015	\$5,000
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$5,000</b>
<b>H.</b>	<b>NORWALK SURGERY CENTER, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>I.</b>	<b>SWC CORPORATION</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
1		Accounts Payable	09/30/2015	\$3,000
2		VHA REBATE /EXPENSES	09/30/2015	(\$70,000)
3		other	09/30/2015	\$58,000
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>(\$9,000)</b>
<b>J.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$402,000</b>
1		Accounts Payable	09/30/2015	\$4,785,000

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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
2		Salary	09/30/2015	\$363,000
3		401K	09/30/2015	\$856,000
4		Rental Of Space	09/30/2015	\$104,000
5		Clinical Services	09/30/2015	(\$509,000)
6		HR, Malpractice, Warehouse Exp	09/30/2015	\$447,000
7		cash	09/30/2015	(\$6,325,000)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$123,000</b>
<b>K.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$2,988,000</b>
1		Accounts Payable	09/30/2015	\$2,324,000
2		Tower Reimbursement Accrual	09/30/2015	(\$2,120,000)
3		MED ED AND COHORTS	09/30/2015	\$521,000
4		Salary	09/30/2015	\$2,085,000
5		Employee Benefits	09/30/2015	\$238,000
6		Rental Of Space	09/30/2015	\$25,000
7		Reimbursement for Research Expense	09/30/2015	\$3,132,000
8		cash	09/30/2015	(\$8,701,000)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$492,000</b>
<b>L.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>M.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>N.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK JOINT &amp; SPINE, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>O.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION ACO, INC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>P.</b>	<b>WESTERN CONNECTICUT HOME CARE, INC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$322,000</b>
1		Accounts Payable	09/30/2015	\$417,000
2		Employee Benefits	09/30/2015	\$560,000
3		Clinical Services	09/30/2015	\$87,000
4		Payroll Transfers	09/30/2015	\$58,000
5		cash	12/30/2013	(\$944,000)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$500,000</b>
<b>Q.</b>	<b>WESTERN CONNECTICUT MEDICAL GROUP INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
1		Accounts Payable	09/30/2015	\$14,000
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$14,000</b>
<b>R.</b>	<b>WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
		<b>Grand Total:</b>		<b>\$6,294,000</b>

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**REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			<b>Beginning Unconsolidated Intercompany Balance</b>	<b>10/01/2014</b>	<b>\$4,696,000</b>
<b>A.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK , INC.</b>				
1		WESTERN CONNECTICUT HOME CARE, INC	Benefits Support	09/30/2015	\$218,000
2		NORWALK HOSPITAL FOUNDATION, INC	Support	09/30/2015	\$218,000
3		EASTERN NEW YORK MEDICAL SERVICES, P.C.	Support	09/30/2015	\$1,266,000
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$1,702,000</b>
<b>B.</b>	<b>EASTERN NEW YORK MEDICAL SERVICES, P.C.</b>				
1		WESTERN CONNECTICUT MEDICAL GROUP INC.	Support	09/30/2015	\$164,000
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$164,000</b>
<b>C.</b>	<b>NEW MILFORD HOSPITAL, INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>D.</b>	<b>NEW MILFORD MRI ,LLC</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>E.</b>	<b>NORWALK HEALTH CARE, INC</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>F.</b>	<b>NORWALK HOSPITAL ASSOCIATION</b>				
1		WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC.	Support	09/30/2015	\$9,000
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$9,000</b>
<b>G.</b>	<b>NORWALK HOSPITAL FOUNDATION, INC</b>				
1		WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.	Support	09/30/2015	\$31,000
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$31,000</b>
<b>H.</b>	<b>NORWALK SURGERY CENTER, LLC</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>I.</b>	<b>SWC CORPORATION</b>				
1		NORWALK HOSPITAL ASSOCIATION	Support	09/30/2015	\$257,000
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$257,000</b>

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**REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
J.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC.				
1		WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.	Support	09/30/2015	\$2,000
			Total:	9/30/2015	\$2,000
K.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
L.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
M.	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
N.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
O.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION ACO, INC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
P.	WESTERN CONNECTICUT HOME CARE, INC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
Q.	WESTERN CONNECTICUT MEDICAL GROUP INC.				
1		NORWALK HOSPITAL ASSOCIATION	Support	09/30/2015	\$2,514,000
2		WESTERN CONNECTICUT HEALTH NETWORK, INC.	Support	09/30/2015	\$1,872,000
			Total:	9/30/2015	\$4,386,000
R.	WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0

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**REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Ending Unconsolidated Intercompany Balance	9/30/2015	\$11,247,000

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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	(3) AMOUNT	(4) DATE
<b>A.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK , INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>B.</b>	<b>ADVANCED CENTER FOR REHABILITATION MEDICINE</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>C.</b>	<b>BUSINESS SYSTEMS, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>D.</b>	<b>EASTERN NEW YORK MEDICAL SERVICES, P.C.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>E.</b>	<b>MAPLE STREET INDEMNITY COMPANY, LTD</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>F.</b>	<b>NEW MILFORD HOSPITAL, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>G.</b>	<b>NEW MILFORD HOSPITAL, INC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>H.</b>	<b>NEW MILFORD MRI ,LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>I.</b>	<b>NORWALK HEALTH CARE, INC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>J.</b>	<b>NORWALK HEALTH SERVICES CORPORATION</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>K.</b>	<b>NORWALK HOSPITAL ASSOCIATION</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>L.</b>	<b>NORWALK HOSPITAL FOUNDATION, INC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>M.</b>	<b>NORWALK HOSPITAL PHYSICIAN'S AND SURGEONS, INC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>N.</b>	<b>NORWALK SURGERY CENTER, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>O.</b>	<b>SWC CORPORATION</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>P.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC.</b>		

DANBURY HOSPITAL  
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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>Q.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>R.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>S.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>T.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK JOINT &amp; SPINE, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>U.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION ACO, INC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>V.</b>	<b>WESTERN CONNECTICUT HOME CARE, INC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>W.</b>	<b>WESTERN CONNECTICUT MEDICAL GROUP INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>X.</b>	<b>WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
	<b>Grand Total:</b>	<b>\$0</b>	<b>9/30/2015</b>

DANBURY HOSPITAL  
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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
<b>A.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK , INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>B.</b>	<b>ADVANCED CENTER FOR REHABILITATION MEDICINE</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>C.</b>	<b>BUSINESS SYSTEMS, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>D.</b>	<b>EASTERN NEW YORK MEDICAL SERVICES, P.C.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>E.</b>	<b>MAPLE STREET INDEMNITY COMPANY, LTD</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>F.</b>	<b>NEW MILFORD HOSPITAL, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>G.</b>	<b>NEW MILFORD HOSPITAL, INC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>H.</b>	<b>NEW MILFORD MRI ,LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>I.</b>	<b>NORWALK HEALTH CARE, INC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>J.</b>	<b>NORWALK HEALTH SERVICES CORPORATION</b>		
0	Nothing to Report	\$0	0

DANBURY HOSPITAL  
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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
	<b>Total:</b>	<b>\$0</b>	
<b>K.</b>	<b>NORWALK HOSPITAL ASSOCIATION</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>L.</b>	<b>NORWALK HOSPITAL FOUNDATION, INC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>M.</b>	<b>NORWALK HOSPITAL PHYSICIAN'S AND SURGEONS, INC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>N.</b>	<b>NORWALK SURGERY CENTER, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>O.</b>	<b>SWC CORPORATION</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>P.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>Q.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>R.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>S.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>T.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK JOINT &amp; SPINE, LLC</b>		

DANBURY HOSPITAL  
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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>U. WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION ACO, INC</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>V. WESTERN CONNECTICUT HOME CARE, INC</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>W. WESTERN CONNECTICUT MEDICAL GROUP INC.</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>X. WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>Grand Total:</b>		<b>\$0</b>	

DANBURY HOSPITAL  
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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR  
INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A . Indigent Care</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
<b>B . Free Beds</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
<b>C . Other</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

<b>DANBURY HOSPITAL</b> <b>ANNUAL REPORTING</b> <b>FISCAL YEAR 2015</b> <b>REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL</b>		
<b>A. Patient Activity</b>		
(1)	(2)	(3)
<b>Patient</b>	Name of Hospital Bed Fund <b>(FULL NAME)</b>	<b>Amount</b>
1. Number of Applications for Hospital Bed Funds		<b>0</b>
<b>Grand Total</b>		<b>\$0.00</b>

DANBURY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1) Line	(2) Name of Hospital Bed Fund	(3) FMV of Principal	(4) Actual Earnings	(5) Earnings Reinvested	(6) Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00

**DANBURY HOSPITAL  
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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
<b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b>		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	Account balances >4999 are reviewed and referred manually to a collection agency after final notice. Accounts <5000 are systematically referred to a collection agency after final notice based on timelines according to plan type.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Agencies are reimbursed on a commission basis and only receive compensation for accounts collected.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	26.00%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>A Collection Agent</b>		
1	Collection Agent Name	Credit Center Incorporated
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Account balances >4999 are reviewed and referred manually to a collection agency after final notice. Accounts <5000 are systematically referred to a collection agency after final notice based on timelines according to plan type.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Compensation is based on a % of collections and payment to the hospital by the percent owned. 18% is retained for non legal issues and 28% is retained for legal issues.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	23.00%

**DANBURY HOSPITAL  
ANNUAL REPORTING  
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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
<b>B</b>	<b>Collection Agent</b>	
1	Collection Agent Name	Simko Law Firm
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Referrals only. Accounts do not systematically go to Simko/Tobin.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Compensation is based on a % of collections and payment to the hospital by the percent owned. The fee is 15% if collected within the first 30 days, 30% if not paid in full within 30 days up to \$10,000. 25% for collections exceeding \$10,000 but not more than \$20,000 and 15% for collections exceeding
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	30.00%
<b>C</b>	<b>Collection Agent</b>	
1	Collection Agent Name	Attorney Robert Tobin
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Referrals only . Accounts do not systematically go to Simko/Tobin.

**DANBURY HOSPITAL  
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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Compensation is based on a % of collections and payment to the hospital by the percent owned
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	40.00%

**DANBURY HOSPITAL  
ANNUAL REPORTING  
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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION

**DANBURY HOSPITAL  
ANNUAL REPORTING  
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL EMPLOYEES**

LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	PRESIDENT AND CEO WCHN	JOHN MURPHY, MD	\$608,336	\$28,146	\$636,482
2.	CEO DANBURY HOSPITAL	DANIEL DEBARBA, JR	\$427,303	\$23,494	\$450,797
3.	CHIEF NURSING OFFICER	MAUREEN DONAHUE	\$347,279	\$39,909	\$387,188
4.	CHIEF OPERATING OFFICER	MICHAEL DAGLIO	\$348,295	\$33,946	\$382,241
5.	CHIEF INFORMATION OFFICER	KATHLEEN DEMATTEO	\$339,706	\$33,650	\$373,356
6.	CHIEF MEDICAL OFFICER	MATTHEW MILLER, MD	\$337,560	\$30,517	\$368,077
7.	CFO/TREASURER	STEVEN ROSENBERG	\$339,958	\$24,268	\$364,226
8.	GENERAL COUNSEL	CAROLYN MCKENNA	\$294,868	\$31,187	\$326,055
9.	VP FINANCE	PATRICK MINICUS	\$263,079	\$22,090	\$285,169
10.	VP FACILITIES	MORRIS GROSS	\$190,638	\$29,046	\$219,684
		<b>Grand Total:</b>	<b>\$3,497,022</b>	<b>\$296,253</b>	<b>\$3,793,275</b>

**WESTERN CONNECTICUT HEALTH NETWORK , INC.**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2015**  
**REPORT 19B - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH SYSTEM EMPLOYEES**

LINE	POSITION TITLE	EMPLOYEE NAME AND COMPANY	SALARY	FRINGE BENEFITS	TOTAL
1.	PRESIDENT AND CEO WCHN	JOHN MURPHY, MD	\$1,414,735	\$65,455	\$1,480,190
2.	EVP WCHN- PRESIDENT HOSPITAL GROUP	DANIEL DEBARBA, JR	\$993,728	\$54,638	\$1,048,366
3.	CHIEF FINANCIAL OFFICER WCHN	STEVEN ROSENBERG	\$790,600	\$56,437	\$847,037
4.	CHIEF MEDICAL OFFICER WCHN	MATTHEN MILLER, MD	\$675,119	\$61,034	\$736,153
5.	ER MD	PATRICK MCGOVERN, MD	\$655,882	\$41,693	\$697,575
6.	SSR VP WCHN , PRESIDENT NORWALK HOSPITAL	MOCHAEL DAGLIO	\$580,492	\$56,577	\$637,069
7.	VP FINANCE WCHN	PATRICK MINICUS	\$526,157	\$44,181	\$570,338
8.	ER MD	ROBERT CAPODANNO , MD	\$506,079	\$42,596	\$548,675
9.	GENERAL COUNSEL WCHN	CAROLYN MCKENNA	\$491,446	\$51,979	\$543,425
10.	ER MD	JASON FISCHER, MD	\$493,782	\$33,634	\$527,416
		<b>Grand Total:</b>	<b>\$7,128,020</b>	<b>\$508,224</b>	<b>\$7,636,244</b>

**DANBURY HOSPITAL  
ANNUAL REPORTING  
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS**

**PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directl y or Indirectly) <sup>C</sup>	TOTAL
<b>A . WESTERN CONNECTICUT HEALTH NETWORK , INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>B . EASTERN NEW YORK MEDICAL SERVICES, P.C.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>C . NEW MILFORD HOSPITAL, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>D . NEW MILFORD MRI ,LLC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>E . NORWALK HEALTH CARE, INC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>F . NORWALK HOSPITAL ASSOCIATION</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>G . NORWALK HOSPITAL FOUNDATION, INC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>H . NORWALK SURGERY CENTER, LLC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>I . SWC CORPORATION</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>J . WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>K . WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>L . WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

**DANBURY HOSPITAL  
ANNUAL REPORTING  
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS  
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directl y or Indirectly) <sup>C</sup>	TOTAL
M .	<b>WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC</b>			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
N .	<b>WESTERN CONNECTICUT HEALTH NETWORK JOINT &amp; SPINE, LLC</b>			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
O .	<b>WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION ACO, INC</b>			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
P .	<b>WESTERN CONNECTICUT HOME CARE, INC</b>			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Q .	<b>WESTERN CONNECTICUT MEDICAL GROUP INC.</b>			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
R .	<b>WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC</b>			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

**DANBURY HOSPITAL  
ANNUAL REPORTING  
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REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR  
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
<b>A</b>	<b>Transfer of Assets or Operations</b>	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

<b>DANBURY HOSPITAL</b>					
<b>ANNUAL REPORTING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL</b>					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 AMOUNT	FY 2015 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	3,348	3,106	(242)	-7%
2.	Number of Approved Applicants	3,207	3,097	(110)	-3%
3.	Total Charges (A)	\$12,601,255	\$16,274,798	\$3,673,543	29%
	<b>Average Charges</b>	<b>\$3,929</b>	<b>\$5,255</b>	<b>\$1,326</b>	<b>34%</b>
4.	Ratio of Cost to Charges (RCC)	0.390144	0.383267	(0.006877)	-2%
	<b>Total Cost</b>	<b>\$4,916,304</b>	<b>\$6,237,593</b>	<b>\$1,321,289</b>	<b>27%</b>
	<b>Average Cost</b>	<b>\$1,533</b>	<b>\$2,014</b>	<b>\$481</b>	<b>31%</b>
5.	Charity Care - Inpatient Charges	\$1,608,834	\$3,591,917	\$1,983,083	123%
6.	Charity Care - Outpatient Emergency Department Charges	2,901,587	3,129,220	227,633	8%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	8,090,834	9,553,661	1,462,827	18%
	<b>Total Charges (A)</b>	<b>\$12,601,255</b>	<b>\$16,274,798</b>	<b>\$3,673,543</b>	<b>29%</b>
8.	Charity Care - Number of Patient Days	252	480	228	90%
9.	Charity Care - Number of Discharges	53	102	49	92%
10.	Charity Care - Number of Outpatient ED Visits	1,665	1,511	(154)	-9%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	12,223	12,213	(10)	0%
<b>(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.</b>					
<b>B. Hospital Bed Funds (see Hospital Reporting System - Report 17)</b>					
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	<b>Average Charges</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
4.	Ratio of Cost to Charges (RCC)	0.390144	0	(0.390144)	-100%
	<b>Total Cost</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Average Cost</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	<b>Total Charges (B)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	0	0	0	0%
<b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>					